

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 525-4

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Military Operations
U.S. ARMY MEDICAL COMMAND EMERGENCY MANAGEMENT

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1. HISTORY. This revises U.S. Army Medical Command (MEDCOM) Regulation 525-4, Emergency Preparedness, 25 May 1995, and incorporates information from U.S. Army Health Services Command (HSC) Regulation 500-2, National Disaster Medical System (NDMS), 8 August 1986. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. PURPOSE. This regulation provides policies and responsibilities to the MEDCOM Major Subordinate Commands (MSC) and activities in emergency management planning. It provides command guidance in developing an effective MEDCOM response to emergencies, disasters, and the use of weapons of mass destruction (WMD).

3. REFERENCES. References are listed in appendix A.

4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this publication are explained in the glossary.

*This regulation supersedes MEDCOM Regulation 525-4, Emergency Preparedness, 25 May 1995 and HSC Regulation 500-2, National Disaster Medical System (NDMS), 8 August 1986, which is rescinded.

5. APPLICABILITY. This regulation applies to all elements of the MEDCOM and its U.S. Army Reserve WARTRACE aligned units. Specific instructions are provided for MSCs that are required to deploy rapid response teams/elements, for NDMS Federal Coordinating Centers (FCCs), Military Liaison Centers (MLCs), and medical treatment facilities (MTFs) that are required to prepare emergency management plans (EMPs).

6. OBJECTIVES. The objectives of this regulation are to--

a. Facilitate the MEDCOM's, its MSC's, and its activities' emergency management planning process.

b. Provide MEDCOM MSCs and activities a source reference for policies, procedures, and planning assumptions for management of the consequences of emergencies, disasters, or the use of WMD. Related references called on to prepare these documents in sufficient detail to meet the needs can be found at appendix A.

7. POLICIES.

a. The MEDCOM, its MSCs, and its activities will be prepared to respond to internal and external medical disasters.

b. Every level of command will plan for management of emergencies or disasters. All plans will be coordinated with area emergency agencies.

c. All plans will be coordinated with the supporting or supported installations.

d. The MEDCOM MSCs will review and approve all EMPs for their subordinate activities. The Headquarters (HQ), MEDCOM will review and approve the MSC EMPs.

8. GENERAL. The references at appendix A serve as a bibliography for centralized emergency management planning. This regulation describes MEDCOM's role in support of the Federal Response Plan (FRP), the NDMS, and procedures for developing emergency preparedness plans and reports. It provides a reference to MEDCOM's response capabilities as described in the following subparagraphs:

a. This regulation provides command guidance, policy, and responsibilities to MEDCOM subordinate activities on emergency management planning.

b. Emergency management information is available from a multitude of sources. This regulation refers the user to these sources that are described below.

(1) Federal Response Plan. Within the FRP, Emergency Support Function (ESF) #8 defines the role and function of MEDCOM with other Federal agencies, and delineates the Department of Defense (DOD) concept of operations.

(2) National Disaster Medical System. It establishes standard procedures for the implementation of the NDMS. It defines responsibilities of the Army FCCs and MLCs. It describes the roles of the

Regional Medical Command (RMC), U.S. Army Medical Center (MEDCEN), and U.S. Army Medical Department Activity (MEDDAC) staff during NDMS exercises or system execution. Each MTF designated as an FCC or an MLC is responsible for negotiating support agreements and incorporating them into the NDMS contingency plan to be filed in the EMP.

(3) The MEDCOM's medical readiness response assets. The MEDCOM medical readiness response assets are located in its MSCs.

(a) Special Medical Augmentation Response Teams (SMART). The SMART are designed to deploy on request of legitimate civil, Federal, or defense authorities, using appropriate, recognized and approved channels, either regionally or to other national incident sites to provide short duration medical augmentation to regional domestic, Federal, and Defense agencies responding to a disaster, civil military cooperative action, humanitarian and emergency incidents.

(b) Radiological Advisory Medical Teams (RAMT). The RAMT are located at Walter Reed Army Medical Center (WRAMC) and the European RMC. These teams provide assistance and furnish radiological health hazard guidance on site when requested by civil, Federal, or defense authorities, and approved by HQDASG/MEDCOM.

(c) Disaster Assistance Response Team (DART). The DART is located at Madigan Army Medical Center (MAMC). The team provides a rapid deployment unit with triage, ambulatory/litter, and advanced medical/trauma stabilization capabilities for the U.S. Army to meet the needs of NBC incidents in the Western United States.

(d) Emergency Medical Response Team (EMRT). The EMRT is located at Tripler Army Medical Center (TAMC). The team is designed to respond to an Oahu accident/disaster site or report to the airhead within two hours of notification should a specific contingency, such as Johnston Island, occur. The team performs emergency triage, medical treatment, and evacuation functions.

(4) Emergency Management Planning.

(a) Emergency planners at every level will prepare and maintain the EMP and submit it to their higher headquarters for validation.

(b) Each MSC with an emergency response team mission will include in its EMP detailed guidance and instructions for employment of RMC SMART and for preparation of contingency plans/Standing Operating Procedures (SOP).

9. RESPONSIBILITIES.

a. The MEDCOM Director of Operations will--

(1) Have MEDCOM staff responsibility for emergency management planning, and implementation of policy for utilization of MEDCOM assets to support emergency/disaster management.

(2) Establish, publish, and maintain the MEDCOM EMP policy documents.

(3) Coordinate a review of the MEDCOM EMP policy documents when dictated by a change in the Federal Laws, Professional Standards, or Force Structure.

(4) Task staff agencies to write, or rewrite as appropriate, portions of the MEDCOM EMP policy documents.

(5) Schedule an annual review of the MEDCOM MSC's Emergency Management Programs.

(6) Ensure the MEDCOM EMP policy documents are consistent with the guidance, policies, and procedures of the Joint Chiefs of Staff (JCS), Headquarters Department of the Army (HQDA), DOD Health Affairs (HA), and appropriate national professional regulating bodies.

b. Chiefs of MEDCOM staff offices will--

(1) Assist the Director of Operations in developing and maintaining the portions of MEDCOM EMP policy documents pertaining to their respective functional areas.

(2) Provide representatives, as required, at Emergency Management Program reviews.

(3) Perform emergency management planning within their functional area.

(4) Coordinate with the Director of Operations on all policies, guidance, and procedures affecting the MEDCOM EMP policy documents in their functional areas before dissemination to subordinate activities.

c. MEDCOM RMCs will--

(1) Prepare a regional emergency management SOP to manage the consequences of disasters/emergencies that threaten to disrupt a subordinate MTF's ability to provide routine care and treatment.

(2) Direct subordinate units on emergency management and reporting issues.

(3) Review required plans for completeness, and for compliance with MEDCOM, Department of the Army (DA), and DOD initiatives. Plans will be reviewed annually.

(4) Ensure each subordinate activity tests their plans twice a year.

(5) Ensure that MTFs meet both Joint Commission on Accreditation of Health Care Organization (JCAHO) and DOD requirements for each successful test of their EMPs.

(6) Publish SMART SOPs to support the Federal Response Plan, National Domestic Preparedness Program, and the DOD Anti-Terrorism/Force Protection Program.

d. Army NDMS Federal Coordinating Centers will--

- (1) Coordinate the preparation of local operational plans for patient reception and community distribution.
- (2) Create and update NDMS Memorandums of Understanding (MOU).
- (3) Represent the Army Medical Department (AMEDD) in all matters related to NDMS in a designated geographic area.
- (4) Solicit participation in NDMS from non-Federal hospitals and potential sponsors of Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Teams (DMORT), and Veterinary Medical Assistance Teams (VMAT).

e. Commanders of MEDCOM installations, MEDCENS, MEDDACs, and stand-alone clinics will prepare EMPs using the following guidance:

- (1) Prepare EMPs using the guidance in this regulation.
- (2) The MTF commanders will form an Emergency Medical Management Committee to oversee the Emergency Management Program. This committee at minimum will consist of each principal staff chief or his/her representative empowered to make decisions on the chief's behalf. The clinical and administrative sides of the activity must also be represented.
- (3) The RMCs may direct clinics and other medical treatment activities collocated on the same installation to incorporate their plan into the EMP of the next higher headquarters.
- (4) The MEDCENS, MEDDACs, and stand-alone clinics that are tenants on host installations will publish medical annexes to installation emergency plans and include their provisions in the EMP for ease of access.
- (5) Exercise the EMP at a minimum of twice a year.
- (6) Prepare after action reports, and submit them to the RMC within 30 days of an emergency incident or exercise.

10. PLANS PREPARATION, REVIEW, AND UPDATE.

a. The MEDCOM Director of Operations manages the publication cycle for emergency management/contingency plans.

b. Plans are to be considered living documents. Plans will be reviewed twice annually in conjunction with the mandatory semi-annual exercises. Changes to correct serious deficiencies or mission revisions will be made as needed. The MSCs will review and approve revisions of their subordinate units' EMPs before general distribution. Hard copies of the documents need not be republished annually if designed to accept interim changes by page replacement or pen and ink corrections.

c. The document will address Military Support to Civil Authorities (MSCA). Procedures and agreements for mutual emergency medical support between military and surrounding civilian medical facilities will be

included. The procedures and agreements will be exercised during semi-annual mass casualty exercises and continually updated to ensure the availability of a full range of emergency medical services (EMS) to the supported installations.

Appendix A

REFERENCES

The Federal Response Plan (for Public Law 93-288 as Amended), The Federal Emergency Management Agency.

Defense Against Weapons of Mass Destruction Act of 1996 (Nunn-Lugar II).

Public Law 93-288 as amended by Public Law 100-707 in 1988, retitled as: "The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended)."

DODD 3025.1, Military Support to Civil Authorities (MSCA).

DODD 3025.1M, DOD Manual for Civil Emergencies.

DODD 3025.15, Military Assistance for Civil Authorities (MACA).

DODD 5100.46, Responsibilities for Foreign Disaster Relief Operations.

DODD 6010.17, National Disaster Medical System (NDMS).

DODD 6025.13, Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS).

AR 40-1, Composition, Mission, and Functions of the Army Medical Department.

AR 40-2, with HSC Suppl 1, Army Medical Treatment Facilities: General Administration.

AR 40-4, Army Medical Department Facilities/Activities.

AR 40-13, Medical Support-Nuclear/Chemical Accidents and Incidents.

AR 40-61, Medical Logistics Policies and Procedures.

AR 50-6, Nuclear and Chemical Weapons and Material, Chemical Surety.

AR 190-40, Serious Incident Reporting with MEDCOM Suppl 1, 5 Jun 96.

AR 500-50, Civil Disturbances.

AR 500-60, Disaster Relief.

AR 500-70, Military Support to Civil Defense.

MEDCOM Reg 40-21, Regional Medical Commands and Regional Dental Commands.

HSC Reg 500-3, VA/DOD Contingency Hospital System Plan (PL097-174).

HSC Reg 525-3, Emergency Operations Control.

FORSCOM CONPLAN 7045-88 (U), Military Assistance to Civil Defense (U).

COMFORSCOM FUNCPLAN 2501-98 (U).

FM 8-42, Combat Health Support in Stability Operations and Support Operations.

FM 8-284, AFJMAN 44-156, NAVMED P-5042, MCRP 4-11.1C, Treatment of Biowarfare Casualties.

Hazardous Waste Operations and Emergency Response (HAZWOPER) Standard, Title 29, Code of Federal Regulations (CFR) 1910.120, effective 1990.

GLOSSARY

Abbreviations

AMEDD.....Army Medical Department
 DA.....Department of the Army
 DART.....Disaster Assistance Response Team
 DMAT.....Disaster Medical Assistance Team
 DMORT.....Disaster Mortuary Team
 DOD.....Department of Defense
 EMP.....Emergency Management Plan
 EMRT.....Emergency Medical Response Team
 EMS.....Emergency Medical Services
 ESF.....Emergency Support Function
 FCC.....Federal Coordinating Centers
 FRP.....Federal Response Plan
 HA.....Health Affairs
 HQ.....Headquarters
 HQDA.....Headquarters, Department of the Army
 HQDASG.....Headquarters, Department of the Army
 Surgeon General
 HSC.....U.S. Army Health Services Command
 JCAHO.....Joint Commission on Accreditation of
 Healthcare Organizations
 JCS.....Joint Chiefs of Staff
 MAMC.....Madigan Army Medical Center
 MEDCEN.....U.S. Army Medical Center
 MEDCOM.....U.S. Army Medical Command
 MEDDAC.....U.S. Army Medical Department Activity
 MLC.....Military Liaison Centers
 MOU.....Memorandum of Understanding

MSC.....Major Subordinate Command
MSCA.....Military Support to Civil Authorities
MTF.....Medical Treatment Facility
NBC.....Nuclear, Biological, and Chemical
NDMS.....National Disaster Medical System
RAMT.....Radiological Advisory Medical Team
RMC.....Regional Medical Command
SMART.....Special Medical Augmentation
 Response Team
SOP.....Standing Operating Procedures
TAMC.....Tripler Army Medical Center
VMAT.....Veterinary Medical Assistance Team
WMD.....Weapons of Mass Destruction
WRAMC.....Walter Reed Army Medical Center

The proponent of this publication is the Office of the Assistant Chief of Staff for Operations. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCOP-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6007.

FOR THE COMMANDER:



PATRICK D. SCULLEY
Major General
Chief of Staff

THOMAS J. SEMARGE
Colonel, MS
Assistant Chief of Staff for
Information Management

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